



COVID-19:

Important Phone & Telehealth Information for Pediatricians

An Update from the NYS AAP - Chapter 2 & 3 Pediatric Council

Dear NYS AAP - Chapter 2 Member,

Please see the important phone and telehealth information below. This update comes from our NYS AAP - Chapter 2 and 3 Pediatric Council, which addresses billing and payment issues with insurers. You can also [download a PDF of this information here](#).

As the COVID-19 outbreak continues to spread through the New York area, the impact that it is having on pediatric practices is becoming greater each day. We have all experienced a marked drop in office visits, along with a commensurate increase in time spent on the telephone with concerned parents. We remain dedicated to our patients and their families, and are finding new and creative ways to continue to provide needed services. Nevertheless, the financial impact on our practices is going to remain severe for the foreseeable future.

In order to help members of NYS AAP - Chapters 2 & 3 address these issues, the Pediatric Council has gathered some pointers which we hope will be useful in the coming days. Guidance is changing from day-to-day and while we believe that the information below is accurate, members are urged to also check the provider websites for guidance in billing. NYS Medicaid is updating guidance frequently and the latest may be found here [COVID-19 Guidance for Medicaid Providers webpage](#) and the [Medicaid Update webpage](#).

In addition, for those of you that are not members of the AAP Section on Office Administration and Practice Management (SOAPM), this might be a good time to join and subscribe to the listserv. There is a wealth of pertinent information posted there.

BILLING FOR TELEPHONE CARE

In general, telephone-only care has not been considered a payable service by insurers. However, **effective March 13, 2020**, NYS Medicaid will pay for these services during the current state of emergency when face-to-face services may not be possible. Services are payable only if provided by a physician, NP, PA or licensed midwife who is **enrolled in either fee for service (FFS) or managed Medicaid (MMC) plans**, and if the telephone service does not related to a face-to-face visit **for the same diagnosis within the previous seven days**. In addition, the telephone contact must last at least 5 minutes, and the content of the call must be documented in the record, along with the duration of the call. We would also include notation that telephone services were provided because a face-to-face visit was not possible. The following CPT codes should be used for billing for these services:

- 99441: 5-10 minutes of medical discussion—Fee: \$12.58
- 99442: 11-20 minutes of medical discussion—Fee: \$23.48
- 99443: 21-30 minutes of medical discussion—Fee: \$37.41

It is our hope that, as the emergent situation recedes, we will be able to get NYS Medicaid to recognize the value of telephonic services, and make this payment arrangement permanent. This will be an opportunity for advocacy in the future.

BILLING FOR TELEMEDICINE CARE (VIRTUAL VISITS)

Many offices have rushed to implement virtual visits in response to the COVID-19 pandemic, and those who have been doing these visits for a while have seen an increase in utilization of this alternative visit platform. NYS Medicaid will pay for these virtual visits, which should be billed using the standard E/M codes (billing either by time or by bullets.)

The response from private insurers has been more fragmented. Based on both anecdotal reports and information on insurer websites, the following information is available:

The insurers below will also cover the specified services WITHOUT cost-sharing by the patient, until the dates specified.

- **Cigna: (Effective date 03/02/20 BUT will not be able to accept billing under this guidance until 04/06/20)** Will cover telephonic contacts (5-10 minutes with or without video) billed using HCPCS code G2012 with diagnoses Z03.818 (exposure to POSSIBLE case of COVID-19) or Z20.828 (exposure to CONFIRMED case.) Telemedicine visits will be covered using CPT code 99241 billed with POS 11, without a virtual care modifier, and with the diagnosis codes above. As of 03/20, they are NOT accepting standard E/M codes.
- **Aetna: (Effective through 06/04/20)** Brief telephone care (5-10 minutes by MD, NP, PA) covered with HCPCS code G2012 REGARDLESS OF DIAGNOSIS. They do NOT specify E/M codes for MD encounters, but do reference their telehealth policy which encourages use of virtual visits. Modifiers -GT or -95 should be used on E/M codes. For asynchronous (such as via portal communication) care, for up to seven days, the following codes can be billed, based on cumulative time: 99421 (5-10 min), 99422 (11-20), and 99423 (21-30).
- **UHC: (Will “reimburse” telehealth services to “eligible” Medicare, Medicaid and commercial members until 06/18/20)** Same policy as Aetna (above for telephonic services, billed with HCPCS code G2012) and for asynchronous (portal) communication, also with above codes. Virtual visits for UHC Commercial and Medicaid plans requiring A/V connection should be billed with the appropriate E/M code and modifier -95, POS 02.

As with Medicaid, we will need to be proactive with the insurers to make sure that these non-face-to-face services remain payable after the specified cut-off dates. Note that many commercial insurers already do recognize and pay for telehealth visits, however.

OTHER IMPORTANT POINTS REGARDING VIRTUAL VISITS

CMS has waived, temporarily, the requirements for HIPAA compliance of telehealth platforms, and the carriers noted above will follow CMS guidance on this issue. In practical terms, this means that telehealth visits requiring audio and visual connectivity may be performed on many platforms, including FaceTime, Zoom, etc., and do not require a dedicated HIPAA compliant platform. This waiver will not become permanent, so implementation of a compliant platform is strongly urged.

Documentation remains important for all of these visits. For telephonic encounters, a note of the visit should ideally include the CC, HPI, brief ROS, FH/SH if relevant in terms of exposures and contacts, assessment and treatment plans. PE is obviously not possible. For virtual visits, all of the above are also recommended, along with as much of a PE as can be accomplished virtually, involving the parent or caregiver if necessary. A differential diagnosis should usually be included, as well as a plan for further evaluation or follow up as indicated by the patient's condition. It is also suggested that a statement be attached either at the beginning of the PE or at the end of the note acknowledging the limitations of the examination, and documenting that the patient's condition appeared appropriate for a virtual visit.

NY MEDICAID PAYMENT YEAR 2019 ATTESTATIONS

The current deadline for attestation is May 4, 2020. As of Friday, March 20, the EHR Incentive Program “is discussing the possibility of an extension of the deadline” but nothing has been decided at this time. It is important that we all remain cognizant of the fact that we may have to complete our attestations by the deadline, so please pay attention to any communications from the Program office. For questions, they remain available by phone (877-646-5410 option 2) or email (hit@health.ny.gov).

We hope that the information above will be helpful. Please be aware that, as conditions are changing rapidly, the information above may become outdated quickly. We suggest that you contact your insurance carriers frequently to keep abreast of any changes they may institute.

In addition, please share any information you find with us, as well as any contacts that you may have with insurance carriers so that we may all serve our patients and families better and weather this pandemic.

Jesse Hackell, MD, FAAP

runhack@aol.com

Co-Chair, NYS AAP - Chapter 2 & 3 Pediatric Council

Vice President, NYS AAP - Chapter 3

Steve Goldstein, MD, FAAP

SJG34@Cornell.edu

Co-Chair, NYS AAP - Chapter 2 & 3 Pediatric Council

Immediate Past President, NYS AAP - Chapter 2

The NYS AAP - CHAPTER 2 is YOUR Local AAP Chapter

The New York State American Academy of Pediatrics (NYS AAP) is comprised of three local AAP Chapters, Chapters 1, 2, and 3, who work together as a coalition.

Your Chapter, the NYS AAP - Chapter 2, has 1,600 members in 4 counties: Brooklyn, Queens, Nassau and Suffolk.

To learn more about Chapter 2, please view our [Member Value Flyer](#) which describes the value of Chapter membership.

CONTACT US - (We'd love to hear from you!)

President: Shetal Shah, MD, FAAP shetaldoc@hotmail.com

Vice President: Robert Lee, DO, FAAP rlee@aap.net

Secretary: Sanjivan Patel, MD, FAAP sapatel@wyckoffhospital.org

Treasurer: Pinchi Srinivasan, MD, FAAP niqdoc@gmail.com

Executive Director: Jessica Geslani jgeslani@aap.org

Director of Policy, Advocacy & External Relations: Elie Ward, MSW eward@aap.net

New York State American Academy of Pediatrics (NYS AAP) - Chapter 2
516-326-0310 | [Follow us on Twitter](#) | www.ny2aap.org

